

Appendix 1

Optional Documentation Form to Document PCW Experience

AGENCY NAME: _____
ADDRESS: _____ PHONE NO. _____

PERSONAL CARE WORKER EXPERIENCE CHECK

Client Name: _____ Applicant Name: _____
Address: _____ Address: _____

DESCRIPTION OF PERSONAL CARES PERFORMED BY APPLICANT:

Duties performed: _____

Dates: from _____ to _____

Years: _____

Months: _____

How well did the applicant perform his/her duties? _____
?

Did the applicant respect your property? _____

Was the applicant always on time? _____

Did the applicant get along with other family members? _____

Were the cares provided standard or would you consider them to be exceptional? _____

Explain: _____

Would you recommend the applicant as an excellent care giver? _____

If not, please give the reasons: _____

Comments: _____

Signature: _____ Date _____

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